



HANDICAPPED & ELDERLY SERVICE INFORMATION SHEET

OFFICE OF THE CITY CLERK LICENSE DIVISION
200 E. WELLS ST. ROOM 105, MILWAUKEE, WI 53202
(414) 286-2238 EMAIL: LICENSE@MILWAUKEE.GOV

LICENSE PERIOD:

Biennial; Expires on April 30 of odd-numbered years.

APPLICATION:

Apply at City Clerk License Division, City Hall, Room 105, 200 E. Wells Street, Milwaukee, WI 53202, telephone (414) 286-2238.

FEE:

The \$150 license fee **must be submitted with application**. Checks made payable to: City of Milwaukee.

SIGNATURES:

Notarized signatures of the individual, all partners, the agent, president, and secretary of the corporation, or the agent and all members of a LLC are required.

REQUIREMENTS:

The applicant shall file, with the application the attached, "Letter of Intent", outlining his or her intentions of purchasing a proper vehicle to be used for this service, and the proper amounts of liability insurance, satisfying all the requirements of Chapter 100 of the Milwaukee Code of Ordinances.

All drivers of these vehicles are required to obtain a Public Passenger Vehicle Driver's license. Applications for this license can be obtained from our office.

FINGERPRINTS:

All applicants (including partners, all corporate officers, members, agent, directors, and stockholders owning 20% or more of the stock of the corporation) whose fingerprints are not on file with the Milwaukee Police Department must be fingerprinted. Report to the Police Administration Building, 951 N. James Lovell St. (7th St), Room 305 to be fingerprinted. If you are an out of town resident, call (414) 935-7281 to receive information regarding how to comply with the fingerprint requirement.

GRANTING OF LICENSES:

Licenses are granted by the Common Council on recommendation of the Public Safety Committee. Please allow 5-6 weeks for processing.

REFUND OF LICENSE FEE: If an application is withdrawn or denied, you are eligible for a refund in the amount of \$100., provided the refund is requested no later than one year from the date of withdrawal or denial of the application. If a license is not issued, the refund must be requested no later than one year from the date of application, unless the license has been granted, in which case no later than one year from the date of granting of the license.

DUPLICATE LICENSE FEE: The fee for a duplicate license is \$8. You must bring current photo identification.

Regulations relating to HANDICAPPED & ELDERLY SERVICE are provided in ch. 100 of the Milwaukee Code of Ordinances and are available online at <http://www.milwaukee.gov/ordinances> or can be purchased from the Legislative Reference Bureau in City Hall, Room B-11.

CITY OF MILWAUKEE
PUBLIC PASSENGER VEHICLE PERMIT
APPLICATION FOR HANDICAPPED AND ELDERLY SERVICE

ccl-199kk (10/05)

- (x) Check one: () Individual (Fill Out Sections 1,2,5,9 & 10)
 () Partnership (Fill Out Sections 2,3,5,9 & 10)
 () Corp or LLC (Fill Out Sections 1,2,4,5,9 & 10)

1. NAME OF INDIVIDUAL _____
(IF CORPORATION OR LIMITED LIABILITY COMPANY, FILL OUT FOR AGENT)

Home Address _____
(INCLUDE CITY, STATE & ZIP)

Phone Number _____ Date of Birth _____

2. BUSINESS NAME _____ Phone Number _____

Business Address _____
(INCLUDE CITY, STATE & ZIP)

HAS ANYONE NAMED ON THIS APPLICATION BEEN CONVICTED OF VIOLATING ANY
FEDERAL LAWS, STATE OR LOCAL ORDINANCES? _____ YES _____ NO
IF YES, NAME OF PERSON(S), DATE, CHARGE AND PENALTY:

3. PARTNERSHIP

Name Home address (include City,State&Zip) Area Code/Phone No. Date of Birth

4. NAME OF CORP OR LLC _____

ADDRESS _____

DATE & PLACE OF INCORPORATION _____

Name Home Address(include City,State&Zip) Area Code/Phone No. Date of Birth

President/Member _____

Vice President/Member _____

Secretary/Member _____

Treasurer/Member _____

(OVER)

5. OTHER REQUIREMENTS:

LOCATION WHERE VEHICLES ARE STORED _____

HOW MANY VEHICLES WILL BE USED IN THIS BUSINESS? _____

FILL OUT SEPARATE APPLICATION FOR EACH VEHICLE

6. DESCRIPTION OF VEHICLE:

YEAR _____ MAKE _____ MODEL _____ NUMBER OF PASSENGERS _____
VEHICLE ID NUMBER _____ LICENSE PLATE NUMBER _____

7. The undersigned agrees to inform the City Clerk within ten days of any substantial changes in the information supplied in this application. The undersigned shall not willfully refuse to provide the services offered under this license, or refuse to employ, or discharge any person otherwise qualified because of race, color, creed, sex, national origin or ancestry; and not seek such information as a condition of employment, or penalize any employee or discriminate in the selection of personnel for training or promotion on the basis of such information.

8. The undersigned understands that this application does not entitle the applicants to a license and that the granting of licenses is solely in the discretion of the Common Council.

9. RATE OF FARES

10. I have knowledge of the City Ordinances currently regulating the license applied for herein; understand that the permit may be subject to suspension, non-renewal or revocation if I violate any rule or regulation relating to public passenger vehicles; and, being duly sworn under oath, depose and say that I am the person named above and that all statements made in the foregoing application are true and correct.

SUBSCRIBED AND SWORN TO BEFORE ME THIS

_____ day of _____, 20____

Individual/ Partner/ Agent of Corp. or LLC

Notary Public, State of Wisconsin

President of Corp./Member of LLC/ Partner

My commission expires _____

(Secretary of Corp./Addl Members/ Partners)

DO NOT WRITE BELOW THIS LINE

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Clerk _____ Transaction # _____ Date Filed _____ Permit # _____

Grant Date _____ Issue Date _____